

UNITED STATES DISTRICT COURT
UNITED STATES OF AMERICA

AUSA Bond Approval

vs.

Fortino Ortega Alvarado

MAR 13 2008

APPEARANCE BOND
FOR CASE NUMBER

08-MJ-616

I, the undersigned defendant and we, ~~CLERK U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA~~ severally acknowledge that we and our personal representatives, jointly and severally are bound to pay the United States of America the sum of \$ 30,000.00, and there has been deposited in the Registry of the Court the sum of \$ -0- in cash or the amount of the bond is secured by _____ (describe other security)

The conditions of this bond are that the defendant is to appear as ordered by the United States District Court for the Southern District of California at San Diego, and at such other places as the defendant may be required to appear, in accordance with any and all orders and directions relating to the defendant's appearance in the above-entitled matter as may be given or issued by a Federal Judge or by the United States District Court to which the defendant may be removed or the cause transferred; that the defendant is not to depart the State of California, or the jurisdiction of any other United States District Court to which the defendant may be removed or the cause transferred after he has appeared in such other district pursuant to the terms of this bond, except in accordance with such orders or warrants as may be issued by a Federal Judge or the United States District Court for the Southern District of California or the United States District Court for such other district; that the defendant is to abide any judgment entered in such matter by surrendering himself to serve any sentence imposed and obeying any order or direction in connection with such judgment as the court imposing it may prescribe. Further, the conditions of pretrial release set forth in the order filed in this matter and a part of the record therein are further conditions of this bond.

If the defendant appears as ordered and otherwise obeys and performs the foregoing conditions of this bond, then this bond is to be void, but if the defendant fails to obey or perform any of these conditions, payment of the amount of this bond shall be due forthwith. Forfeiture of this bond for any breach of its conditions may be declared by any United States District Court having cognizance of the above-entitled matter at the time of such breach and if the bond is forfeited and if the forfeiture is not set aside or remitted, judgment may be entered upon motion in such United States District Court against each debtor jointly and severally for the amount above stated, together with interest and costs, and execution may be issued and payment secured as provided by the Federal Rules of Criminal Procedure and by other laws of the United States.

It is agreed and understood that this is a continuing bond (including any proceeding on appeal or review) which shall continue in full force and effect until such time as the undersigned are duly exonerated by court order.

This appearance bond fully incorporates by this reference each surety addendum attached hereto for those Sureties to this bond.

This bond signed on 03-6, 20 08 at San Diego.

Defendant's Signature: Fortino Alvarado

Surety's Signature: Rolando Ramirez

Surety's Signature: GERARDO ALVARADO

Signature of Witness of Surety's Signature: Antonio Cordero for Rolando Ramirez and for Gerardo Alvarado.

Signed and acknowledged before me, the witness, on 3/04, 20 08.

Approved: [Signature], Federal Judge

ADVICE OF PENALTIES AND SANCTIONS

Violation of any of the foregoing conditions of release may result in the immediate issuance of a warrant for the defendant's arrest, a revocation of release, an order of detention, as provided in 18 U.S.C. § 3148, and a prosecution for contempt as provided in 18 U.S.C. § 401 which could result in a possible term of imprisonment and/or a fine.

The commission of any offense while on pretrial release may result in an additional sentence upon conviction for such offense to a term of imprisonment of not less than two years nor more than ten years, if the offense is a felony; or a term of imprisonment of not less than ninety days nor more than one year, if the offense is a misdemeanor. This sentence shall be consecutive to any other sentence and must be imposed in addition to the sentence received for the offense itself.

18 U.S.C. § 1503 makes it a criminal offense punishable by up to five years in jail and a \$250,000 fine to intimidate or attempt to intimidate a witness, juror or officer of the court; 18 U.S.C. § 1510 makes it a criminal offense punishable by up to five years in jail and a \$250,000 fine to obstruct a criminal investigation; 18 U.S.C. § 1512 makes it a criminal offense punishable by up to ten years in prison and a \$250,000 fine to tamper with a witness, victim or informant; and 18 U.S.C. § 1513 makes it a criminal offense punishable by up to ten years in jail and a \$250,000 fine to retaliate against a witness, victim or informant, or threaten or attempt to do so.

It is a criminal offense under 18 U.S.C. § 3146, if after having been released, the defendant knowingly fails to appear as required by the conditions of release, or to surrender for the service of sentence pursuant to a court order. If the defendant fails to appear or surrender and the defendant was released in connection with a charge of, or while awaiting sentence, surrender for the service of a sentence, or appeal or certiorari after conviction for:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more, the defendant shall be fined not more than \$250,000 or imprisoned for not more than ten years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years, the defendant shall be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony, the defendant shall be fined not more than \$250,000 or imprisoned not more than two years or both;
- (4) a misdemeanor, the defendant shall be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender shall be consecutive to the sentence of imprisonment for another offense. In addition, a failure to appear may result in the forfeiture of any bail posted.

ACKNOWLEDGMENT OF DEFENDANT

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and to surrender for service of any sentence imposed. I am aware of the penalties and sanctions set forth above.

Date: 3-06-08

Portino Alvarado
Signature of Defendant

NOTIFICACIÓN DE PENAS Y SANCIONES

El contravenir cualquiera de las siguientes condiciones de libertad provisional puede resultar en que de inmediato se gire una orden de aprehensión en contra del inculpado, y se le revoque su libertad provisional y se expida una orden de detención conforme al Título 18 del Código Federal, Artículo 3148, y que se le procese penalmente por desacato al tribunal conforme al Título 18, Artículo 401, lo cual podría resultar en que el inculpado reciba una sentencia privativa de su libertad y/o una multa.

La comisión de cualquier delito mientras se está en libertad provisional, puede resultar, una vez que se le haya condenado por dicho delito, en una sentencia adicional privativa de libertad de no menos de dos años y no más de diez años si el delito que se cometiere fuera un delito grave; o un término privativo de libertad de no menos de noventa días y no más de un año tratándose de un delito no grave. Tal condena deberá ser consecutiva a cualquier otra pena y adicional a la condena que se le imponga por el delito inicial.

El Título 18, Artículo 1503, del Código Federal establece que el intimidar o intentar intimidar a un testigo, a un integrante de un jurado o a un funcionario del poder judicial es un delito que se castigará con hasta cinco años de cárcel y una multa de \$250,000.00 dólares. El Título 18, Artículo 1510, del Código Federal, establece que el obstruir una investigación por la comisión de presuntos delitos se castigará con hasta cinco años de cárcel y una multa de hasta \$250,000.00 dólares; el Título 18 del Código Federal, Artículo 1512, establece que corromper a, o influir indebidamente a un testigo, una víctima o un informante es un delito que se castiga con hasta diez años de encarcelamiento y una multa de hasta \$250,000.00 dólares; el Título 18 del Código Federal, Artículo 1513, establece que el tomar represalias en contra de un testigo, una víctima o un informante o amenazar con tomar represalias en contra de los mismos o intentar hacerlo, constituye un delito que será castigado con hasta diez años de cárcel y una multa de \$250,000.00 dólares.

El Título 18 del Código Federal, Artículo 3146, establece que el inculpado comete un delito si, después de haber sido puesto en libertad provisional, intencionalmente evade las condiciones de su libertad caucional al no comparecer ante el tribunal como se le haya indicado o no se entregue a las autoridades para purgar la condena en acatamiento a una orden judicial. Si el inculpado, estando en libertad provisional no compareciere o no se entregare a las autoridades, para ya sea purgar una condena, o después de haberse resuelto su apelación o de expedirse certificación judicial de la resolución de la misma, recibirá las siguientes penas y castigos dependiendo del tipo de delito que se le impute:

- (1) tratándose de un delito que se castigue con la pena de muerte, cadena perpetua o pena privativa de libertad de quince años o más, se le impondrá una multa de no más de \$250,000.00 dólares o una pena privativa de libertad de no más de diez años, o ambos castigos.
- (2) tratándose de un delito que se castigue con un término privativo de libertad de cinco años o más, pero menos de quince años, se le impondrá una multa de no más de \$250,000.00 dólares o una pena privativa de libertad de no más de cinco años, o ambos castigos.
- (3) tratándose de cualquier otro delito grave, se le impondrá una multa de no más de \$250,000.00 dólares o un término privativo de libertad de no más de dos años o ambos castigos.
- (4) tratándose de un delito no grave, se le impondrá una multa de no más de \$100,000.00 dólares o un término privativo de libertad de no más de un año o ambos castigos.

El plazo privativo de libertad que se le imponga por no comparecer, o por no entregarse a las autoridades cuando así se le haya ordenado, será consecutivo a la condena privativa de libertad que se le haya dictado por cualquier otro delito. Además, la falta de comparecencia puede resultar en que la caución se haga efectiva en perjuicio del garante.

CONFIRMACIÓN DE RECIBO DE AVISO POR PARTE DEL INCULPADO

Por medio de la presente, me doy por enterado de las condiciones para el goce de libertad provisional. Prometo obedecer todas las condiciones, comparecer ante el tribunal cuando se me indique y entregarme a las autoridades para cumplir cualquier condena que se me imponga. Estoy consciente de las penas y sanciones que se señalan en los párrafos anteriores.

FECHA: _____

Firma del Inculpado

This form is not officially sanctioned by the Administrative Office or the Judicial Conference

ACKNOWLEDGMENT

State of California

County of Los Angeles)

On March 04, 2008 before me, Antonio Guerrero, Notary Public
(insert name and title of the officer)

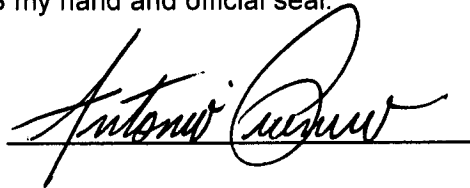
personally appeared Rolando G. Ramirez

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

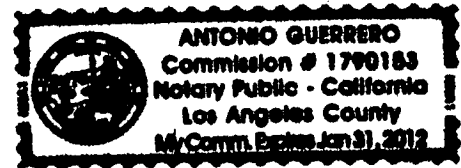
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



ACKNOWLEDGMENT

State of California
County of Los Angeles

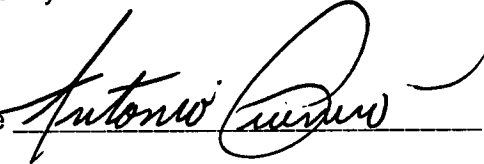
On March 05, 2008 before me, Antonio Guerrero, Notary Public
(insert name and title of the officer)

personally appeared Genaro Alvarado,
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the
person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

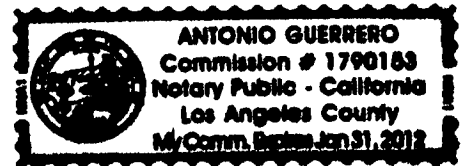
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



AFFIDAVIT BY OWNER OF CASH SECURITY (complete if applicable)

I, N/A, on oath say that the \$ N/A cash deposited as security on the foregoing bond is owned by me and is to be returned to me at the address listed on page one of this surety addendum upon exoneration of this bond.

I hereby subject said funds to the provisions of Local Court Rule 67.1 and consent and agree that in case of default or contumacy on the part of the principal, the Court may, upon notice to me of not less than ten days, proceed summarily and render judgment against said cash security in accordance with my obligation herein and award execution thereon.

JUSTIFICATION OF SURETY AND SURETY AGREEMENT

I, Rolando Gonzalez Ramirez, the undersigned surety, declare under penalty of perjury, that my net worth is the sum of \$ 30,000.00 and that I have read and understand this two page Surety Addendum in its entirety. I further understand that by signing the appearance bond and this surety addendum to the appearance bond, I will be responsible for the defendant's appearances in court and the defendant's compliance with all conditions of release as ordered by the court. If the defendant does not appear or comply with the conditions of release, I will be required to pay the amount of the bond, any security I have posted may be taken by the Government to satisfy the bond, and a judgment may be entered against me. If judgment is entered against me a Judgment Lien will be filed with the County Recorder in all appropriate counties for the full amount of the bond.

I declare under the penalty of perjury that all information contained in this bond and on this Surety Addendum is true, accurate, and complete. (Penalty for false statements: \$250,000 fine and/or five years imprisonment, 18 U.S.C. § 1001.)

Signature of surety: Rolando Ramirez Date: 03/04/08

Printed name and address of witness to surety's signature: Antonio Guerrero

1635 Chelsea Road, San Marino, CA 91108

Signature of witness: Antonio Guerrero Date: 3/4/08

AUSA _____ (initials)

DEFENSE ATTORNEY [Signature] (initials)

BIENES INMUEBLES QUE SEAN DE SU PROPIEDAD: (si tiene mas de una propiedad, por favor utilice una hoja adicional)

Domicilio: N/A

Valor de la propiedad: _____ Valor liquido: \$ _____

Titular(es) de las escrituras de propiedad: _____

¿Está al corriente de los pagos de impuestos e hipoteca(s)? _____

¿Se adjunta el título de propiedad del fiador ? _____ ¿Avalúo? _____

AGENTE DEL MINISTERIO PÚBLICO (AUSA)_____ (iniciales)

FIADOR _____ (iniciales)

Página 2 de 3 del anexo de fiador.

**DECLARACIÓN JURADA DEL DUEÑO DEL EFECTIVO PRENDARIO QUE GARANTIZA ESTA
FIANZA**

(llene este formulario si procede en su caso)

Yo, N/A, bajo protesta de decir verdad, declaro que soy el dueño de la cantidad de \$ N/A, en efectivo, que ha sido depositada para garantizar esta fianza, misma que me será devuelta al domicilio indicado en la página número uno de este anexo una vez que la fianza haya sido exonerada.

Reconozco que dichos fondos están sujetos a las disposiciones de la Regla Judicial Local 67.1, y doy mi consentimiento y acepto que, en caso de incumplimiento o contumacia por parte del obligado principal, el Tribunal, una vez que se me haya notificado con no menos de diez días de anticipación, podrá proceder en forma sumaria y emitir un fallo en contra de dicho efectivo prendario, de conformidad con mi obligación presente y ordenar que se efectúe la cobranza del mismo.

CONSTATAción Y ACUERDO DE LOS GARANTES

Yo, Rolando Gonzalez Ramirez, el suscrito fiador, declaro bajo pena de perjurio que el valor neto de mis bienes es de: 30,000.00, y que he leído en su totalidad y entiendo las dos páginas que constituyen el anexo del formulario de fiador, y que al firmar la fianza al igual que este anexo, me comprometo y me responsabilizo de que el procesado comparezca a todas las diligencias procesales, y que cumpla también con todas las condiciones de libertad caucional que le haya prescrito el juez. Si el procesado incumpliere con las condiciones de libertad caucional o no se presentare a las diligencias procesales, entiendo que tendré que pagar el monto de la fianza; Además, el ministerio público podrá tomar posesión de la cantidad prendaria que haya depositado para cubrir el monto de la fianza y entiendo también que existe la posibilidad de que se radique un fallo en mi contra. Si se radica un fallo en mi contra, el gravámen por la cantidad total del monto de la fianza se asentará en el registro civil de todos los condados pertinentes.

Declaro bajo pena de perjurio que toda la información que contiene esta fianza, al igual que sus anexos es información verdadera, correcta y completa. (Las penas por declaraciones falsas son las siguientes: Una multa de \$250,000, o cinco años de encarcelamiento o ambos castigos, (18 USC § 1001.)

Firma del fiador: _____ Fecha: _____

Favor de escribir en letra de molde el nombre y domicilio del testigo que comprueba la firma del fiador:

Antonio Guerrero - 1635 Chelsea Road, San Marino, CA 91108

Firma del testigo que presencia este acto: _____

AUSA _____ (iniciales)
Agente de Ministerio Público Federal

ABOGADO DEFENSOR _____ (iniciales)

Página 3 de 3 del anexo de fiador.

CASE NAME: United States v Fortino Ortega Alvarado CASE NO. 08-MJ-616

SURETY ADDENDUM TO APPEARANCE BOND (2 pages)
(Use separate addendum for each surety)

**ATTACH PHOTOCOPIES OF TWO PIECES OF IDENTIFICATION,
INCLUDING AT LEAST ONE PICTURE I.D. FOR EACH SURETY**

Surety's Name: Rolando Gonzalez Ramirez

Date of Birth: 10/14/1966 S.S.# 618-12-3764

Immigration Status: United States Citizen "A" Number: _____

Home address: 1326 E. 23rd Street, Los Angeles, CA 90011

Home Phone: 323-846-8259

Surety's relationship to defendant: Brother-in-law

EMPLOYMENT AND SALARY INFORMATION:

Employer's name: Malarkey Roofing Products

Employer's address: 9301 S. Garfield Avenue, SouthGate, CA 90280

Length of employment: 19years Work phone: 562-806-8000

Monthly salary (gross): \$ 3,000.00

ADDITIONAL INCOME INFORMATION: (complete if applicable)

Source of additional income: N/A

Amount of additional income: \$ _____

**REAL PROPERTY OWNED: (if more than one piece of property is owned please use
additional sheet)**

Address: N/A

Value of Property: \$ _____ Equity in property: \$ _____

Holder(s) of trust deed(s): _____

Are payments/taxes current? _____

Is proof of surety's title to property attached? _____ Appraisal? _____

AUSA _____ (initials) SURETY R. R. (initials)

RUBRO: Estados Unidos v. Fortino Ortega Alvarado

CASO NÚMERO: 08-MJ-616

ANEXO A LA FIANZA QUE GARANTIZA LA COMPARECENCIA

DATOS DEL FIADOR (3 páginas)

(Utilice un formulario para cada uno de los fiadores)

ADJUNTE FOTOCOPIAS DE DOS TIPOS DE IDENTIFICACIÓN PARA CADA UNO DE LOS FIADORES, UNO DE ELLOS DEBERÁ TENER LA FOTOGRAFIA DEL PORTADOR.

Nombre del Fiador:

Rolando Gonzalez Ramirez

Fecha de Nacimiento: 10/14/1966

Cédula de Seguridad Social: 618-12-3764

Calidad Migratoria: United States Citizen Registro de Extranjero "A"

Domicilio Particular: 1326 E. 23rd Street, Los Angeles, CA 90011

Teléfono Particular: 323-846-8259

Parentesco o relación con el procesado Amigos

DATOS DE EMPLEO Y SALARIO:

Nombre del patrón o empresa donde trabaja: Malarkey Roofing Products

Domicilio del patrón y/o empresa donde la trabaja: 9301 S. Garfield Avenue,

SouthGate, CA 90280

Tiempo que tiene trabajando en la empresa: 19years

Teléfono del patrón o empresa donde trabaja 562-806-8000

Sueldo o salario mensual (antes de deducciones) \$3,000.00

INFORMACIÓN DE INGRESOS ADICIONALES: (de ser aplicable en su caso)

Fuente de ingresos adicionales:

N/A

Cantidad de ingresos adicionales: N/A

ACKNOWLEDGMENT

State of California

County of Los Angeles)

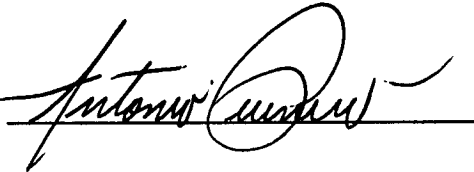
On March 04, 2008 before me, Antonio Guerrero, Notary Public
(insert name and title of the officer)

personally appeared Rolando G. Ramirez,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in
his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

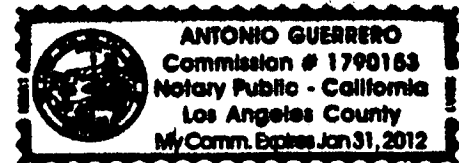
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature




(Seal)



DMV CALIFORNIA DMV

DRIVER LICENSE CLASS: C

EXPIRES 10-14-09 **A1707434**




ROLANDO GONZALEZ RAMIREZ
1326 E 23RD ST APT
LOS ANGELES CA 90011

SEX: M HAIR: BLK EYES: BRN
HT: 5-03 WT: 170 DOB: 10-14-66

Rolando Ramirez
09/09/2004 235 RB FD/09

SOCIAL SECURITY



618-12-3764

THIS NUMBER HAS BEEN ESTABLISHED FOR
ROLANDO RAMIREZ

Rolando Ramirez
SIGNATURE

CASE NAME: United States v Fortino Alvarado-Ortega CASE NO. 08-MJ-616

SURETY ADDENDUM TO APPEARANCE BOND (2 pages)
(Use separate addendum for each surety)

**ATTACH PHOTOCOPIES OF TWO PIECES OF IDENTIFICATION,
INCLUDING AT LEAST ONE PICTURE I.D. FOR EACH SURETY**

Surety's Name: Genaro Alvarado

Date of Birth: 12/02/1966 S.S.# 606-16-5941

Immigration Status: Permanent Resident "A" Number" 092-946-925

Home address: 2315 S. Flower Street, Apt. # 315, Los Angeles, CA 90007

Home Phone: 213-219-0829

Surety's relationship to defendant: Brother

EMPLOYMENT AND SALARY INFORMATION:

Employer's name: Self-employed

Employer's address: 2315 S. Flower Street, Apt. # 315, Los Angeles, CA 90007

Length of employment: 3years Work phone: 213-219-0829

Monthly salary (gross): \$ 1,600.00

ADDITIONAL INCOME INFORMATION: (complete if applicable)

Source of additional income: N/A

Amount of additional income: \$

**REAL PROPERTY OWNED: (if more than one piece of property is owned please use
additional sheet)**

Address: N/A

Value of Property: \$ Equity in property: \$

Holder(s) of trust deed(s):

Are payments/taxes current?

Is proof of surety's title to property attached? Appraisal?

AUSA (initials) SURETY G. A. (initials)

RUBRO: Estados Unidos v. Fortino Alvarado-Ortega

CASO NÚMERO: 08-MJ-616

ANEXO A LA FIANZA QUE GARANTIZA LA COMPARECENCIA

DATOS DEL FIADOR (3 páginas)

(Utilice un formulario para cada uno de los fiadores)

ADJUNTE FOTOCOPIAS DE DOS TIPOS DE IDENTIFICACIÓN PARA CADA UNO DE LOS FIADORES, UNO DE ELLOS DEBERÁ TENER LA FOTOGRAFIA DEL PORTADOR.

Nombre del Fiador:

Genaro Alvarado

Fecha de Nacimiento: 12/02/1966

Cédula de Seguridad Social: 606-16-5941

Calidad Migratoria: Permanent Resident Registro de Extranjero "A" 092-946-925

Domicilio Particular: 2315 S. Flower Street, Apt. # 315, Los Angeles, CA 90007

Teléfono Particular: 213-219-0829

Parentesco o relación con el procesado Hermano

DATOS DE EMPLEO Y SALARIO:

Nombre del patrón o empresa donde trabaja: Self-employed

Domicilio del patrón y/o empresa donde la trabaja: 2315 S. Flower Street, Apt. # 315, Los Angeles,
CA 90007

Tiempo que tiene trabajando en la empresa: 3years

Teléfono del patrón o empresa donde trabaja 213-219-0829

Sueldo o salario mensual (antes de deducciones) 1,600.00

INFORMACIÓN DE INGRESOS ADICIONALES: (de ser aplicable en su caso)

Fuente de ingresos adicionales:

N/A

Cantidad de ingresos adicionales: N/A

AFFIDAVIT BY OWNER OF CASH SECURITY (complete if applicable)

I, N/A, on oath say that the \$ N/A cash deposited as security on the foregoing bond is owned by me and is to be returned to me at the address listed on page one of this surety addendum upon exoneration of this bond.

I hereby subject said funds to the provisions of Local Court Rule 67.1 and consent and agree that in case of default or contumacy on the part of the principal, the Court may, upon notice to me of not less than ten days, proceed summarily and render judgment against said cash security in accordance with my obligation herein and award execution thereon.

JUSTIFICATION OF SURETY AND SURETY AGREEMENT

I, Genaro Alvarado, the undersigned surety, declare under penalty of perjury, that my net worth is the sum of \$ 30,000.00 and that I have read and understand this two page Surety Addendum in its entirety. I further understand that by signing the appearance bond and this surety addendum to the appearance bond, I will be responsible for the defendant's appearances in court and the defendant's compliance with all conditions of release as ordered by the court. If the defendant does not appear or comply with the conditions of release, I will be required to pay the amount of the bond, any security I have posted may be taken by the Government to satisfy the bond, and a judgment may be entered against me. If judgment is entered against me a Judgment Lien will be filed with the County Recorder in all appropriate counties for the full amount of the bond.

I declare under the penalty of perjury that all information contained in this bond and on this Surety Addendum is true, accurate, and complete. (Penalty for false statements: \$250,000 fine and/or five years imprisonment, 18 U.S.C. § 1001.)

Signature of surety: GENARO ALVARADO Date: 3-05-08

Printed name and address of witness to surety's signature: Antonio Guerrero -

1635 Chelsea Road, San Marino, CA 91108

Signature of witness: Antonio Guerrero Date: 3/05/08

AUSA _____ (initials)

DEFENSE ATTORNEY [Signature] (initials)

BIENES INMUEBLES QUE SEAN DE SU PROPIEDAD: (si tiene mas de una propiedad, por favor utilice una hoja adicional)

Domicilio: N/A

Valor de la propiedad: _____ Valor liquido: \$ _____

Titular(es) de las escrituras de propiedad: _____

¿Está al corriente de los pagos de impuestos e hipoteca(s)? _____

¿Se adjunta el título de propiedad del fiador? _____ ¿Avalúo? **Si**

AGENTE DEL MINISTERIO PÚBLICO (AUSA)_____ (iniciales)

FIADOR _____ (iniciales)

Página 2 de 3 del anexo de fiador.

**DECLARACIÓN JURADA DEL DUEÑO DEL EFECTIVO PRENDARIO QUE GARANTIZA ESTA
FIANZA**

(llene este formulario si procede en su caso)

Yo, N/A, bajo protesta de decir verdad, declaro que soy el dueño de la cantidad de \$ N/A, en efectivo, que ha sido depositada para garantizar esta fianza, misma que me será devuelta al domicilio indicado en la página número uno de este anexo una vez que la fianza haya sido exonerada.

Reconozco que dichos fondos están sujetos a las disposiciones de la Regla Judicial Local 67.1, y doy mi consentimiento y acepto que, en caso de incumplimiento o contumacia por parte del obligado principal, el Tribunal, una vez que se me haya notificado con no menos de diez días de anticipación, podrá proceder en forma sumaria y emitir un fallo en contra de dicho efectivo prendario, de conformidad con mi obligación presente y ordenar que se efectúe la cobranza del mismo.

CONSTATACIÓN Y ACUERDO DE LOS GARANTES

Yo, Genaro Alvarado, el suscrito fiador, declaro bajo pena de perjurio que el valor neto de mis bienes es de: 30,000.00, y que he leído en su totalidad y entiendo las dos páginas que constituyen el anexo del formulario de fiador, y que al firmar la fianza al igual que este anexo, me comprometo y me responsabilizo de que el procesado comparezca a todas las diligencias procesales, y que cumpla también con todas las condiciones de libertad caucional que le haya prescrito el juez. Si el procesado incumpliere con las condiciones de libertad caucional o no se presentare a las diligencias procesales, entiendo que tendré que pagar el monto de la fianza; Además, el ministerio público podrá tomar posesión de la cantidad prendaria que haya depositado para cubrir el monto de la fianza y entiendo también que existe la posibilidad de que se radique un fallo en mi contra. Si se radica un fallo en mi contra, el gravámen por la cantidad total del monto de la fianza se asentará en el registro civil de todos los condados pertinentes.

Declaro bajo pena de perjurio que toda la información que contiene esta fianza, al igual que sus anexos es información verdadera, correcta y completa. (Las penas por declaraciones falsas son las siguientes: Una multa de \$250,000, o cinco años de encarcelamiento o ambos castigos, (18 USC § 1001.)

Firma del fiador: _____ Fecha: _____

Favor de escribir en letra de molde el nombre y domicilio del testigo que comprueba la firma del fiador:

Antonio Guerrero - 1635 Chelsea Road, San Marino,
CA 91108

Firma del testigo que presencia este acto: _____

AUSA _____ (iniciales)
Agente de Ministerio Público Federal

ABOGADO DEFENSOR _____ (iniciales)

Página 3 de 3 del anexo de fiador.

ACKNOWLEDGMENT

State of California
County of Los Angeles

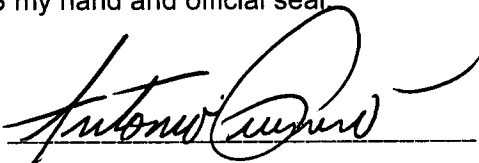
On March 05, 2008 before me, Antonio Guerrero, Notary Public
(insert name and title of the officer)

personally appeared Genaro Alvarado,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in
his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

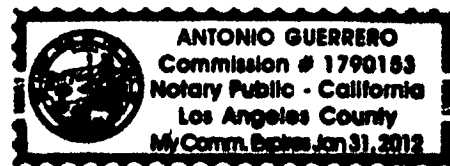
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



CASE NAME: United States v Fortino Ortega-Alvarado CASE NO. 08-MJ-616

BAIL INFORMATION SHEET

Defendant Information:

Name: Fortino Ortega-Alvarado

Date of Birth: 08/12/1967

S.S.#: 602-14-9705

Immigration status: Permanent Resident

"A" Number: 092-715-244

Home address: 5320 Taper Court Bakersfield CA 93307

Home phone: _____

Employer's name: Keller Meyer Building Services

& BFS - Self-employed

Employer's address: 1575 Henthorne Drive, Maumee, OH 43537

Length of employment: 6 years

Work phone: 800-537-1375

Name(s), address(es), and phone number(s) of person(s) with whom defendant will live during pendency of case. Elvia Alvarado 5320 Taper Court Bakersfield

CA. 93307 (661) 396-8764

Name(s) address(es), and phone number(s) of person(s) residing in United States who will know how to contact defendant; aside from sureties on this bond. Elvia Alvarado - 661-858-4263 -

5320 Tupper Court, Bakersfield, CA 93307

Defense Attorney Information:

Name: William Burger

1775 Hancock St #285

Address: 105 W. F Street, Fourth Floor,

San Diego, CA 92110

Phone: 619-291-8565

AUSA _____ (initials)

Form W-2

Keep for your records

Name GENARO ALVARADO	Social Security Number 606-16-5941
--------------------------------	--

- ☐ Employer has foreign address ☐ Military wages
☐ Nonstandard W-2 ☐ More than 2% S corp shareholder
☐ Church employee wage ☐ Disability
☐ ☐ Clergy member

Enter deductible amounts for Schedule A, not included in Box 14:

Union Dues:

Charity:

Health Insurance:

a Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 37-1467071		1 Wages, tips, other compensation 3,483.		2 Federal income tax withheld 0.	
c Employer's name, address, and ZIP code MAINSTAY BUSINESS SOLUTIONS 9309 COMPTON AVE Roseville CA 95661		3 Social security wages 3,483.		4 Social security tax withheld RR Tier II 216.	
		5 Medicare wages and tips 3,483.		6 Medicare tax withheld 51.	
		7 Social security tips		8 Allocated tips NO Tips to 4137 <input type="checkbox"/>	
d Employee's social security number 606-16-5941		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name ALVARADO ORTEGA GENARO 16200 ARROW BLVD APT 149 FONTANA CA 92335		11 Nonqualified plans		C 12a See instructions for box 12 <input type="checkbox"/>	
		13 Statutory employee Report to Sch C Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		C 12b <input type="checkbox"/>	
		14 Other		C 12c <input type="checkbox"/>	
				C 12d <input type="checkbox"/>	
f Employee's address and ZIP code					
15 State Employer's state ID no. CA 93506160	16 State wages, tips, etc. 3,483.	17 State income tax	18 Local wages, tips, etc. 3,483.	19 Local income tax 28.	20 Locality name Locality code City code

Form **W-2** Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See Notice to Employee in instructions.)

2006

Department of the Treasury—Internal Revenue Service

Form W-2

Keep for your records

Name GENARO ALVARADO	Social Security Number 606-16-5941
--------------------------------	--

- ☐ Employer has foreign address ☐ Military wages
☐ Nonstandard W-2 ☐ More than 2% S corp shareholder
☐ Church employee wage ☐ Disability
☐ ☐ Clergy member

Enter deductible amounts for Schedule A, not included in Box 14:

Union Dues:

Charity:

Health Insurance:

a Control number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 33-0989239		1 Wages, tips, other compensation 7,215.		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NOBLE EAGLE, INC DBA USA PERSONNEL 1035 S MILLIKEN SUITE A Ontario CA 91761		3 Social security wages 7,215.		4 Social security tax withheld RR Tier II 447.	
		6 Medicare wages and tips 7,215.		6 Medicare tax withheld 105.	
		7 Social security tips		8 Allocated tips NO Tips to 4137 <input type="checkbox"/>	
d Employee's social security number 606-16-5941		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name GENARO ALVARADO ORTEGA 16200 ARROW BLVD APT 149 FONTANA CA 92335		11 Nonqualified plans		C 12a See instructions for box 12 <input type="checkbox"/>	
		13 Statutory employee Report to Sch C Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		C 12b <input type="checkbox"/>	
		14 Other		C 12c <input type="checkbox"/>	
				C 12d <input type="checkbox"/>	
f Employee's address and ZIP code					
15 State Employer's state ID no. CA 40668139	16 State wages, tips, etc. 7,215.	17 State income tax	18 Local wages, tips, etc. 7,215.	19 Local income tax 58.	20 Locality name Locality code City code

Form **W-2** Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See Notice to Employee in instructions.)

2006

Department of the Treasury—Internal Revenue Service

Form

Department of the Treasury—Internal Revenue Service

1040A**U.S. Individual Income Tax Return** (99)**2006**

IRS Use Only—Do not write or staple in this space.

Label

OMB No. 1545-0074

**Use the
IRS label.**Otherwise,
please print
or type.

Use the IRS label. Otherwise, please print or type.	Your first name and initial	Last name	Your social security number
	GENARO	ALVARADO	606-16-5941
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	You must enter your SSN(s) above.
	16200 ARROW BLVD	149	▲ SSN(s) above. ▲
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		Checking a box below will not change your tax or refund.
	Fontana, CA 92335		

Presidential**Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☒ **You** ☐ **Spouse****Filing
status**Check only
one box.

- 1 ☐ **Single**
- 2 ☐ **Married filing jointly (even if only one had income)**
- 3 ☐ **Married filing separately. Enter spouse's SSN above and
full name here.**
- 4 ☒ **Head of household (with qualifying person). If the qualifying person
is a child but not your dependent, enter this child's name here.**
- 5 ☐ **Qualifying widow(er) with dependent child**

Exemptions 6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a.**Boxes
checked on
6a and 6b** 1b ☐ **Spouse****c Dependents:**If more than
six dependents,
see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 6c who:
ERNESTO A	FONTES	604-55-3423	Child	<input checked="" type="checkbox"/>	• lived with you <u>2</u>
SHEILA M	FONTES	625-43-5174	Child	<input checked="" type="checkbox"/>	• did not live with you due to divorce or separation

**Dependents
on 6c not
entered above****Add numbers
on lines
above** ▶ 3d **Total number of exemptions claimed.****Income**Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	10,698.
8a Taxable interest. Attach Schedule 1 if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule 1 if required.	9a	
b Qualified dividends.	9b	
10 Capital gain distributions.	10	
11a IRA distributions.	11a	
11b Taxable amount	11b	
12a Pensions and annuities.	12a	
12b Taxable amount	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends, and jury duty fees.	13	
14a Social security benefits.	14a	
14b Taxable amount	14b	
15 Add lines 7 through 14b (far right column). This is your total income.	15	10,698.
16 Penalty on early withdrawal of savings (see instructions).	16	
17 IRA deduction.	17	
18 Student loan interest deduction.	18	
19 Jury duty pay you gave your employer.	19	
20 Add lines 16 through 19. These are your total adjustments.	20	
21 Subtract line 20 from line 15. This is your adjusted gross income.	21	10,698.

**Adjusted
gross
income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2006)

Form 1040A (2006) GENARO ALVARADO

606-16-5941 Page 2

Tax,	22 Enter the amount from line 21 (adjusted gross income).	22	10,698.
-------------	---	----	---------

Tax, credits, and payments

23a Check ☐ You were born before Jan 2, 1942, ☐ Blind } Total boxes
 if: ☐ Spouse was born before Jan 2, 1942, ☐ Blind } checked ▶ 23a ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ▶ 23b ☐

Standard Deduction for—

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

24 Enter your standard deduction (see left margin)		24	7,550.
---	--	----	--------

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.		25	3,148.
---	--	----	--------

26 If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.		26	9,900.
--	--	----	--------

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		27	0.
---	--	----	----

28 Tax, including any alternative minimum tax		28	
---	--	----	--

29 Credit for child and dependent care expenses. Attach Schedule 2.	29		
---	----	--	--

30 Credit for the elderly or the disabled. Attach Schedule 3.	30		
---	----	--	--

31 Education credits. Attach Form 8863.	31		
---	----	--	--

32 Retirement savings contributions credit. Attach Form 8880.	32		
---	----	--	--

33 Child tax credit. Attach Form 8901 if required.	33		
--	----	--	--

34 Add lines 29 through 33. These are your total credits .		34	
---	--	----	--

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.		35	0.
---	--	----	----

36 Advance earned income credit payments from Form(s) W-2, box 9.		36	
---	--	----	--

37 Add lines 35 and 36. This is your total tax .		37	
---	--	----	--

38 Federal income tax withheld from Forms W-2 and 1099.	38		
---	----	--	--

39 2006 estimated tax payments and amount applied from 2005 return.	39		
---	----	--	--

40a Earned income credit (EIC).	40a	4,270.	
--	-----	--------	--

b Nontaxable combat pay election.	40b		
-----------------------------------	-----	--	--

41 Additional child tax credit. Attach Form 8812.	41		
---	----	--	--

42 Credit for federal telephone excise tax paid. Attach Form 8913 if required.	42	50.	
--	----	-----	--

43 Add lines 38, 39, 40a, 41, and 42. These are your total payments .		43	4,320.
--	--	----	--------

Refund 44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid .		44	4,320.
---	--	----	--------

45a Amount of line 44 you want refunded to you . If Form 8888 is attached, check here▶ <input type="checkbox"/>		45a	4,320.
--	--	-----	--------

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

▶ b Routing number XXXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number XXXXXXXXXXXXXXXXXXXX

46 Amount of line 44 you want applied to your 2007 estimated tax .	46		
---	----	--	--

Amount you owe 47 Amount you owe. Subtract line 43 from line 37. For details on how to pay, see instructions.		47	
--	--	----	--

48 Estimated tax penalty.	48		
---------------------------	----	--	--

Third party designee Do you want to allow another person to discuss this return with the IRS?	<input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
--	--	--	--

Designee's name ▶ Preparer	Phone no. ▶	Personal identification number (PIN) ▶	
----------------------------	-------------	--	--

Sign here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date 2/17/2007	Your occupation LABOR	Daytime phone number	
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature ▶	Date 2/17/2007	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00404828	
Firm's name (or yours if self-employed), address, and ZIP code	Soltax 2520 W James M Wood Blvd Los Angeles, CA 90006			EIN (213) 385-6434

Form **8812**Department of the Treasury
Internal Revenue Service (99)**Additional Child Tax Credit**

Complete and attach to Form 1040, Form 1040A, or Form 1040NR

OMB No. 1545-0074

2006Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

GENARO ALVARADO

606-16-5941

Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 42 of the Form 1040 instructions, page 39 of the Form 1040A instructions, or page 20 of the Form 1040NR instructions. If you used Pub. 972 enter the amount from line 8 of the worksheet on page 4 of the publication	1	2,000.
2	Enter the amount from Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48	2	0.
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	3	2,000.
4a	Enter your total earned income (see instructions)	4a	10,698.
b	Nontaxable combat pay	4b	
5	Is the amount on line 4a more than \$11,300?	5	
<input checked="" type="checkbox"/>	No. Leave line 5 blank and enter -0- on line 6.		
<input type="checkbox"/>	Yes. Subtract \$11,300 from the amount on line 4a. Enter the result	5	
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	
	Next, do you have three or more qualifying children?		
<input checked="" type="checkbox"/>	No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13.		
<input type="checkbox"/>	Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63.	8	0.
	1040A filers: Enter -0-.		
	1040NR filers: Enter the total of the amounts of the Form 1040NR, line 54, plus any uncollected Social security and Medicare or tier 1 RRTA taxes included on line 58.		
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67.	10	
	1040A filers: Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions).		
	1040NR filers: Enter the amount from Form 1040NR, line 61.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 here	12	
13	Next, enter the smaller of line 3 or line 12 on line 13.		

Part III Your Additional Child Tax Credit

This is your additional child tax credit

13 0.

Enter this amount on Form
1040, line 68, Form 1040A,
line 41 or Form 1040NR, line 62

For Privacy Notice, get form FTB 1131.

CA100 01/19/07

**California Resident
Income Tax Return****2006****540** c1 Side 1

APE

606-16-5941 ALVA
GENARO ALVARADO

06

P
AC
A
R
RP16200 ARROW BLVD APT 149
FONTANA CA 92335

01	4	37	0	58	0	APE	0
06	0	38	0	59	0	3800	0
09	0	39	0	60	0	3803	0
10	2	40	0	61	0	SCHG1	0
12	10698	41	0	62	0	5870A	0
14	0	42	0	63	0	5805 5805F	0
16	0	43	0	64	0	TPIDPP00404828	
17	10698	45	0	65	0	FN	
18	6820	46	0	67	0		
20	39	47	0	69	0		
23	0	48	0	70	0		
25	0	49	0	71	0		
26	0	50	0				
27	0	51	0				
28	0	52	0				
31	0	53	0				
32	0	54	0				
33	0	55	0				
34	0	56	0				
36	0	57	0				

Filing Status	1	Single	4	<input checked="" type="checkbox"/>	Head of household (with qualifying person). See instructions.
	2	Married filing jointly	5	<input type="checkbox"/>	Qualifying widow(er) with dependent child. Enter year spouse died.
	3	Married filing separately. Enter spouse's SSN or ITIN above and full name here			
6 If someone can claim you (or your spouse) as a dependent on their tax return, check the box here • 6					
Exemptions	7 Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.				
	If you checked the box on line 6, do not enter amount on line 7 7 <input type="checkbox"/> X \$91 = \$ 91				
	8 Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2 8 <input type="checkbox"/> X \$91 = \$				
	9 Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2 • 9 <input type="checkbox"/> X \$91 = \$				
	10 Dependents: Enter name and relationship. Do not include yourself or your spouse. ERNESTO A FONTE SHEYLA M FONTES Total dependent exemptions • 10 <input type="checkbox"/> X \$285 = \$ 570				
11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21 11 \$ 661					
Taxable Income	12 State wages from your Form(s) W-2, box 16, or CA Sch W-2 CG, line C • 12 10,698				
	13 Enter federal AGI from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 13 10,698				
	14 California adjustments - subtractions. Enter the amount from Sch CA (540), line 37, column B • 14				
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses 15 10,698				
	16 California adjustments - additions. Enter the amount from Sch CA (540), line 37, column C • 16				
	17 California adjusted gross income. Combine line 15 and line 16 • 17 10,698				
	18 Enter the larger of your CA standard deduction OR your CA itemized deductions • 18 6,820				
19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 3,878					
Tax	20 Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803 • 20 39				
	21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$150,743 21 661				
	22 Subtract line 21 from line 20. If less than zero, enter -0- 22 0				
	23 Tax. Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A • 23				
	24 Add line 22 and line 23. Continue to Side 2 24				

Your name: **GENARO ALVARADO**Your SSN or ITIN: **606-16-5941**

Amount from Side 1, line 24			
Special Credits	25 Credit	Code	amount
	26 Credit	Code	amount
	27 To claim more than two credits (see instructions)		
	28 Nonrefundable renter's credit		
	29 Add line 25 through line 28. These are your total credits		29
30 Subtract line 29 from line 24. If less than zero, enter 0		30	0
Other Taxes	31 Alternative minimum tax. Attach Schedule P (540)		31
	32 Mental Health Services Tax		32
	33 Other taxes and credit recapture		33
	34 Add line 30, line 31, line 32 and line 33. This is your total tax		34
Payments	36 California income tax withheld		36
	37 2006 CA estimated tax and other payments		37
	38 Real estate withholding. (Form(s) 592-B, 593-B, and 594)		38
	39 Excess SDI		39
Child and Dependent Care Expenses Credit. Attach form FTB 3506.			
	40	41	42
	43		
	44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments		44
Overpaid Tax/ Tax Due	45 Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44		45
	46 Amount of line 45 applied to 2007 estimated tax		46
	47 Overpaid tax available this year. Subtract line 46 from line 45		47
	48 Tax due. If line 44 is less than line 34, subtract line 44 from line 34		48
Use Tax	49 Use Tax. This is not a total line		49
Contributions	CA Seniors Special Fund		50
	Alzheimer's Disease/Related Disorders Fund		51
	CA Fund for Senior Citizens		52
	Rare and Endangered Species Preservation Program		53
	State Children's Trust Fund for the Prevention of Child Abuse		54
	CA Breast Cancer Research Fund		55
	CA Firefighters' Memorial Fund		56
	Emergency Food Assistance Program Fund		57
	CA Peace Officer Memorial Foundation Fund		58
	CA Military Family Relief Fund		59
	Veterans' Quality of Life Fund		60
	CA Sexual Violence Victim Services Fund		61
CA Colorectal Cancer Prevention Fund		62	
CA Sea Otter Fund		63	
64 Add line 50 through line 63. These are your total contributions		64	
Amount You Owe	65 AMOUNT YOU OWE. Add line 48, line 49, and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009		65
	66 Interest, late return penalties, and late payment penalties		66
	67 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached		67
Interest and Penalties	68 Total amount due. Enclose, but do not staple, any payment		68
	69 REFUND OR NO AMOUNT DUE. Subtract line 49 and line 64 from line 47. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009		69
	Have your refund directly deposited to one of two separate accounts. Do not attach a voided check or a deposit slip		
Refund and Direct Deposit	All or portion of total refund (line 69) you want to direct deposit:		
	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
	• Routing number	• Type	• Account number
	Remaining portion of total refund (line 69) you want to direct deposit:		
	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
	• Routing number	• Type	• Account number
	70 Amount you want to direct deposit		
	71 Amount you want to direct deposit		

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Your signature _____ Spouse's signature (if filing jointly, both must sign) _____

It is unlawful to forge a spouse's signature.

Daytime phone number (optional) _____ Date _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Joint return? (See instructions)

Firm's name (or yours if self-employed)

Firm's address

2520 W James M Wood Blvd
Los Angeles, CA 90006

• Paid Preparer's SSN/PTIN

P00404828

• FEIN

-

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2006 pay stub plus any adjustments submitted by your employer

Gross Pay	57098.81	Social Security Tax Withheld Box 4 of W-2	3429.27	CA. State Income Tax Box 17 of W-2	808.40
Fed. Income Tax Withheld Box 2 of W-2	4186.39	Medicare Tax Withheld Box 6 of W-2	802.01	SUI/SDI Box 14 of W-2	442.49

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	57,098.81	57,098.81	57,098.81	57,098.81
Less 401(k) (D-Box 12)	5,631.10	N/A	N/A	5,631.10
Less Other Cafe 125	1,787.96	1,787.96	1,787.96	1,787.96
Reported W-2 Wages	49,679.75	55,310.85	55,310.85	49,679.75

1 Employer's FED ID number 93-0508973		2 Employee's SSA number 618-12-3764	
3 Wages, tips, other comp. 49679.75		4 Federal income tax withheld 4186.39	
5 Social security wages 55310.85		6 Social security tax withheld 3429.27	
7 Medicare wages and tips 55310.85		8 Medicare tax withheld 802.01	
9 Social security tips		10 Allocated tips	
11 Advance EIC payment		12 Dependent care benefits	
13 Nonqualified plans		12a See instructions for box 12 D1 5631.10	
14 Other 442.49 SDI		12b 12c 12d	
15 State Employer's state ID no. CA 394-3509 4		13 Stat emp Ret plan 3rd party sick pay X	
16 State income tax 808.40		17 State wages, tips, etc. 49679.75	
18 Local income tax		19 Local wages, tips, etc.	
20 Local income tax		21 Locality name	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll department.

ROLANDO RAMIREZ
1326 E. 23RD STREET
LOS ANGELES, CA 90011

Social Security Number: 618-12-3764
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 2
STATE: 2

Form 1040A U.S. Individual Income Tax Return (99) 2006 IRS Use Only—Do not write or staple in this space

Label

Use the IRS label. Otherwise, please print or type.

L A B E L H E R E	Your first name and initial Rolando		Last name Ramirez		Your social security number 618-12-3764	
	If a joint return, spouse's first name and initial Maria C		Last name Ramirez		Spouse's social security number 609-12-8549	
	Home address (number and street). If you have a P.O. box, see instructions. 1326 E 23rd Street				Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Los Angeles, CA 90011				You must enter your SSN(s) above. ▲ SSN(s) above. ▲	

Checking a box below will not change your tax or refund.

Presidential

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse

Filing status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☒ Spouse

c Dependents:

If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 8c who:
Yasmin M	Ramirez	607-48-8928	Daughter	<input checked="" type="checkbox"/>	• lived with you 2
Gina S	Ramirez	602-14-5050	Daughter	<input type="checkbox"/>	• did not live with you due to divorce or separation
					Dependents on 8c not entered above
					Add numbers on lines above 4

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 49,680.

8a Taxable interest. Attach Schedule 1 if required. 8a 323.

b Tax-exempt interest. Do not include on line 8a. 8b

9a Ordinary dividends. Attach Schedule 1 if required. 9a

b Qualified dividends. 9b

10 Capital gain distributions. 10

11a IRA distributions. 11a

11b Taxable amount 11b

12a Pensions and annuities. 12a

12b Taxable amount 12b

13 Unemployment compensation and Alaska Permanent Fund dividends, and jury duty fees. 13

14a Social security benefits. 14a

14b Taxable amount 14b

15 Add lines 7 through 14b (far right column). This is your total income. 15 50,003.

Adjusted gross income

16 Penalty on early withdrawal of savings (see instructions). 16

17 IRA deduction. 17

18 Student loan interest deduction. 18

19 Jury duty pay you gave your employer. 19

20 Add lines 16 through 19. These are your total adjustments. 20

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 50,003.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2006)

Form 1040A (2006) Rolando & Maria C Ramirez

618-12-3764 Page 2

Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income). 22 50,003.

23a Check ☐ You were born before Jan 2, 1942, ☐ Blind ☐ Total boxes
if: ☐ Spouse was born before Jan 2, 1942, ☐ Blind checked ☐ 23a ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ☐ 23b ☐

Standard Deduction for—

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

24 Enter your standard deduction (see left margin) 24 10,300.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 39,703.

26 If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 26 13,200.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 26,503.

28 Tax, including any alternative minimum tax 28 3,224.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit. Attach Form 8901 if required. 33 1,000.

34 Add lines 29 through 33. These are your total credits. 34 1,000.

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35 2,224.

36 Advance earned income credit payments from Form(s) W-2, box 9. 36

37 Add lines 35 and 36. This is your total tax. 37 2,224.

38 Federal income tax withheld from Forms W-2 and 1099. 38 4,186.

39 2006 estimated tax payments and amount applied from 2005 return. 39

If you have a qualifying child, attach Schedule EIC.

40a Earned income credit (EIC). 40a

b Nontaxable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812. 41

42 Credit for federal telephone excise tax paid. Attach Form 8913 if required. 42

43 Add lines 38, 39, 40a, 41, and 42. These are your total payments. 43 4,186.

Refund 44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid. 44 1,962.

45a Amount of line 44 you want refunded to you. If Form 8888 is attached, check here ☐ 45a 1,962.

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

b Routing number 12231304 c Type: ☒ Checking ☐ Savings

d Account number 98192618123764

46 Amount of line 44 you want applied to your 2007 estimated tax. 46

Amount you owe 47 Amount you owe. Subtract line 43 from line 37. For details on how to pay, see instructions. 47

48 Estimated tax penalty. 48

Third party designee Do you want to allow another person to discuss this return with the IRS? ☐ Yes. Complete the following. ☒ No

Designee's name ☐ Phone no. ☐ Personal identification number (PIN) ☐

Sign here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature ☐ Date 2/10/2007 Your occupation Labor Daytime phone number (323) 846-8259
Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation Home Maker

Paid preparer's use only Preparer's signature ☐ Date 2/10/2007 Check if self-employed ☒ Preparer's SSN or PTIN P00601479
Firm's name (or yours if self-employed), address, and ZIP code ☐ Coronado Enterprise 1320 E 23rd Street Los Angeles, CA 90011 EIN 20-0732914
Phone no. (323) 707-8538

For Privacy Notice, get form FTB 1131.

**California Resident
Income Tax Return****2006**

CA100 01/19/07

540 C1 Side 1

APE

618-12-3764 RAMI 609-12-8549 06
 ROLANDO RAMIREZ
 MARIA C RAMIREZ

P
AC
A
R
RP

1326 E 23RD STREET
 LOS ANGELES CA 90011

01	2	37	0	58	0	APE	0
06	0	38	0	59	0	3800	0
09	0	39	0	60	0	3803	0
10	2	40	0	61	0	SCHG1	0
12	49680	41	0	62	0	5870A	0
14	0	42	0	63	0	5805 5805F	0
16	0	43	0	64	0	TPIDPP00601479	
17	50003	45	592	65	0	FN 200732914	
18	6820	46	0	67	0		
20	968	47	592	69	592		
23	0	48	0	70	592		
25	0	49	0	71	0		
26	0	50	0				
27	0	51	0				
28	0	52	0				
31	0	53	0				12231304
32	0	54	0				98192618123764
33	0	55	0				1
34	216	56	0				
36	808	57	0				

Filing Status	1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2	<input checked="" type="checkbox"/> Married filing jointly	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died.
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN or ITIN above and full name here		
Exemptions	6	If someone can claim you (or your spouse) as a dependent on their tax return, check the box here 6		
	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.		
	8	If you checked the box on line 6, do not enter amount on line 7		
	8	Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2	7	<input checked="" type="checkbox"/> X \$91 = \$ 182
	9	Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2	8	<input type="checkbox"/> X \$91 = \$
	9		9	<input type="checkbox"/> X \$91 = \$
Taxable Income	10	Dependents: Enter name and relationship. Do not include yourself or your spouse. Yasmin M Ramire Gina S Ramirez, Total dependent exemptions		
	10	Exemption amount: Add line 7 through line 10. Transfer this amount to line 21		
	11	11 \$ 752		
	12	12 State wages from your Form(s) W-2, box 16, or CA Sch W-2 CG, line C 49,680		
	13	13 Enter federal AGI from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 50,003		
Tax	14	14 California adjustments - subtractions. Enter the amount from Sch CA (540), line 37, column B 50,003		
	15	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses 50,003		
	16	16 California adjustments - additions. Enter the amount from Sch CA (540), line 37, column C 50,003		
	17	17 California adjusted gross income. Combine line 15 and line 16 6,820		
	18	18 Enter the larger of your CA standard deduction OR your CA itemized deductions 43,183		
	19	19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-		
	20	20 Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803 968		
	21	21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$150,743 752		
	22 Subtract line 21 from line 20. If less than zero, enter -0- 216			
	23 Tax. Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A 216			
	24 Add line 22 and line 23. Continue to Side 2 216			

065

3101066

Your name: ROLANDO & MARIA C RAMIREZ

Your SSN or ITIN: 618-12-3764

Amount from Side 1, line 24		216	
Special Credits	25 Credit	Code	amount
	26 Credit	Code	amount
	27 To claim more than two credits (see instructions)	• 27	
	28 Nonrefundable renter's credit	• 28	
29 Add line 25 through line 28. These are your total credits		29	
30 Subtract line 29 from line 24. If less than zero, enter 0		30	216
Other Taxes	31 Alternative minimum tax. Attach Schedule P (540)	• 31	
	32 Mental Health Services Tax	• 32	
	33 Other taxes and credit recapture	• 33	
	34 Add line 30, line 31, line 32 and line 33. This is your total tax	• 34	216
Payments	36 California income tax withheld	■ 36	808
	37 2006 CA estimated tax and other payments	■ 37	
	38 Real estate withholding. (Form(s) 592-B, 593-B, and 594)	■ 38	
	39 Excess SDI	■ 39	
Child and Dependent Care Expenses Credit. Attach form FTB 3506.			
• 40 • 41 • 42 • 43			
44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments		44	808
Overpaid Tax/ Tax Due	45 Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44	45	592
	46 Amount of line 45 applied to 2007 estimated tax	■ 46	
	47 Overpaid tax available this year. Subtract line 46 from line 45	■ 47	592
	48 Tax due. If line 44 is less than line 34, subtract line 44 from line 34	48	
Contributions	49 Use Tax. This is not a total line	• 49	
	CA Seniors Special Fund	• 50	
	Alzheimer's Disease/Related Disorders Fund	• 51	
	CA Fund for Senior Citizens	• 52	
Rare and Endangered Species Preservation Program	• 53		
State Children's Trust Fund for the			
Prevention of Child Abuse	• 54		
CA Breast Cancer Research Fund	• 55		
CA Firefighters' Memorial Fund	• 56		
Emergency Food Assistance Program Fund	• 57		
CA Peace Officer Memorial Foundation Fund	• 58		
CA Military Family Relief Fund	• 59		
Veterans' Quality of Life Fund	• 60		
CA Sexual Violence Victim Services Fund	• 61		
CA Colorectal Cancer Prevention Fund	• 62		
CA Sea Otter Fund	• 63		
64 Add line 50 through line 63. These are your total contributions		• 64	
Interest Amount and Penalties	65 AMOUNT YOU OWE. Add line 48, line 49, and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009	■ 65	
	66 Interest, late return penalties, and late payment penalties	66	
	67 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	■ 67	
	68 Total amount due. Enclose, but do not staple, any payment	68	
Refund and Direct Deposit	69 REFUND OR NO AMOUNT DUE. Subtract line 49 and line 64 from line 47. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	■ 69	592
	Have your refund directly deposited to one of two separate accounts. Do not attach a voided check or a deposit slip		
	All or portion of total refund (line 69) you want to direct deposit:		
	12231304	<input checked="" type="checkbox"/> Checking	98192618123764
• Routing number	• Type	• Account number	
Remaining portion of total refund (line 69) you want to direct deposit:			
• Routing number	• Type	• Account number	
• 70 Amount you want to direct deposit			
• 71 Amount you want to direct deposit			

Sign Here

It is unlawful to forge a spouse's signature

Joint return? (See instructions)

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional) (323) 846-8259 Date

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Leticia Coronado
Firm's name (or yours if self-employed)

Firm's address

1320 E 23rd Street
Los Angeles, CA 90011

Paid Preparer's SSN/PTIN

P00601479

FEIN

20-0732914

TAXABLE YEAR

SCHEDULE

2006 California Adjustments – Residents**CA (540)****Important:** Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

ROLANDO & MARIA C RAMIREZ

SSN or ITIN

618-12-3764

Part I Income Adjustment Schedule**Section A – Income****A Federal Amounts**
(taxable amounts from
your federal return)**B Subtractions****C Additions**

7	Wages, salaries, tips, etc. See instructions before making an entry in col B or C	7	49,680.		
8	Taxable interest income	8	323.		
9	Ordinary dividends. (b)	(a)			
10	Taxable refunds, credits, offsets of state and local income taxes	10			
11	Alimony received	11			
12	Business income or (loss)	12			
13	Capital gain or (loss)	13			
14	Other gains or (losses)	14			
15	Total IRA distributions. (a)	(b)			
16	Total pensions and annuities. (a)	(b)			
17	Rental real estate, royalties, partnerships, S corps, trusts, etc.	17			
18	Farm income or (loss)	18			
19	Unemployment compensation. Enter the same amount in column A and col B	19			
20	Social security benefits (a)	(b)			
21	Other income.				
	a California lottery winnings	e NOL from FTB 3805D, 3805Z,		a	
	b Disaster loss carryover from FTB 3805V	3806, 3807, or 3809		b	
	c Federal NOL (Form 1040, line 21)	f Other (describe)		c	
	d NOL carryover from FTB 3805V			d	
				e	
				f	
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	22	50,003.		

Section B – Adjustments to Income

23	Archer MSA deduction	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24			
25	Health savings account deduction	25			
26	Moving expenses	26			
27	One-half of self-employment tax	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid. (b) Recipient's: SSN				
	Last name	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Jury duty pay you gave to your employer	34			
35	Domestic production activities deduction	35			
36	Add lines 23 - 31a and 32 - 35 in columns A, B, and C	36			
37	Total. Subtract line 36 from line 22 in columns A, B, and C	37	50,003.		

Part II Adjustments to Federal Itemized Deductions

- 38 Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27 . . . 38 1,500.
- 39 Enter total of federal Sch. A (Form 1040), line 5 (State Disability Insurance, Voluntary Plan Disability Insurance and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only) . . . 39 1,250.
- 40 Subtract line 39 from line 38 . . . 40 250.
- 41 Other adjustments including California lottery losses. Specify . . . 41
- 42 Combine line 40 and line 41 . . . 42 250.
- 43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
- | | |
|--|-----------|
| Single or married filing separately | \$150,743 |
| Head of household | \$228,119 |
| Married filing jointly or qualifying widow(er) | \$301,491 |
- No. Transfer the amount on line 42 to line 43.
- Yes. Complete the Itemized Deductions Worksheet in the instructions for Sch. CA (540), line 43 . . . 43 250.
- 44 Enter the larger of the amount on line 43 or your standard deduction listed below
- | | |
|--|---------|
| Single or married filing separately | \$3,410 |
| Married filing jointly, head of household, or qualifying widow(er) | \$6,820 |
- Transfer the amount on line 44 to Form 540, line 18 . . . 44 6,820.

1 Wages, tips, other comp. 50501.53		2 Federal income tax withheld 4519.64	
3 Social security wages 57487.59		4 Social security tax withheld 3564.23	
5 Medicare wages and tips 57487.59		6 Medicare tax withheld 833.57	
d Control number 010808 48/KQV	Dept. 810	Corp. A	Employer use only 154
c Employer's name, address, and ZIP code HERBERT MALARKEY ROOFING COMPA 3131 N COLUMBIA BLVD PORTLAND OR 97217			
b Employer's FED ID number 93-0508973		a Employee's SSA number 618-12-3764	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 6986.06	
14 Other 344.93 SDI		12b 12c 12d	
13 Stat emp.		Ret. plan X	3rd party sick pay
e/f Employee's name, address and ZIP code ROLANDO RAMIREZ 1326 E. 23RD STREET LOS ANGELES, CA 90011			
15 State CA	Employer's state ID no. 394-3509 4	16 State wages, tips, etc. 50501.53	
17 State income tax 877.87		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement 2007
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 50501.53		2 Federal income tax withheld 4519.64	
3 Social security wages 57487.59		4 Social security tax withheld 3564.23	
5 Medicare wages and tips 57487.59		6 Medicare tax withheld 833.57	
d Control number 010808 48/KQV	Dept. 810	Corp. A	Employer use only 154
c Employer's name, address, and ZIP code HERBERT MALARKEY ROOFING COMPA 3131 N COLUMBIA BLVD PORTLAND OR 97217			
b Employer's FED ID number 93-0508973		a Employee's SSA number 618-12-3764	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 6986.06	
14 Other 344.93 CA SDI		12b 12c 12d	
13 Stat emp.		Ret. plan X	3rd party sick pay
e/f Employee's name, address and ZIP code ROLANDO RAMIREZ 1326 E. 23RD STREET LOS ANGELES, CA 90011			
15 State CA	Employer's state ID no. 394-3509 4	16 State wages, tips, etc. 50501.53	
17 State income tax 877.87		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

CA State Reference Copy
W-2 Wage and Tax Statement 2007
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 50501.53		2 Federal income tax withheld 4519.64	
3 Social security wages 57487.59		4 Social security tax withheld 3564.23	
5 Medicare wages and tips 57487.59		6 Medicare tax withheld 833.57	
d Control number 010808 48/KQV	Dept. 810	Corp. A	Employer use only 154
c Employer's name, address, and ZIP code HERBERT MALARKEY ROOFING COMPA 3131 N COLUMBIA BLVD PORTLAND OR 97217			
b Employer's FED ID number 93-0508973		a Employee's SSA number 618-12-3764	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 D 6986.06	
14 Other 344.93 CA SDI		12b 12c 12d	
13 Stat emp.		Ret. plan X	3rd party sick pay
e/f Employee's name, address and ZIP code ROLANDO RAMIREZ 1326 E. 23RD STREET LOS ANGELES, CA 90011			
15 State CA	Employer's state ID no. 394-3509 4	16 State wages, tips, etc. 50501.53	
17 State income tax 877.87		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

CA State Filing Copy
W-2 Wage and Tax Statement 2007
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

Form

Department of the Treasury—Internal Revenue Service

1040A**U.S. Individual Income Tax Return (99)****2007**

IRS Use Only—Do not write or staple in this space.

LabelUse the
IRS label.Otherwise,
please print
or type.

L A B E L H E R E	Your first name and initial Rolando		Last name Ramirez		OMB No. 1545-0074	
	If a joint return, spouse's first name and initial Maria C		Last name Ramirez		Your social security number 618-12-3764	
	Home address (number and street). If you have a P.O. box, see instructions. 18623 Renault Street				Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. La Puente, CA 91744				Spouse's social security number 609-12-8549	
						You must enter your SSN(s) above.
						Checking a box below will not change your tax or refund.

Presidential
Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ **You** ☐ **Spouse**
Filing statusCheck only
one box.

- 1 ☐ **Single**
- 2 ☒ **Married filing jointly (even if only one had income)**
- 3 ☐ **Married filing separately. Enter spouse's SSN above and full name here.**
- 4 ☐ **Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.**
- 5 ☐ **Qualifying widow(er) with dependent child**

Exemptions

- 6a ☒ **Yourself. If someone can claim you as a dependent, do not check box 6a.**

- b ☒ **Spouse**

c Dependents:If more than
six dependents,
see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation
Yasmin	Ramirez	607-48-8928	Daughter	<input checked="" type="checkbox"/>	3
Gina	Ramirez	602-14-5050	Daughter	<input checked="" type="checkbox"/>	
Javier N	Olea	624-63-2857	Grandchild	<input checked="" type="checkbox"/>	

d Total number of exemptions claimed.

Add numbers on lines above ▶ **5****Income**Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.If you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.		7	50,502.
8a Taxable interest. Attach Schedule 1 if required.		8a	2,925.
b Tax-exempt interest. Do not include on line 8a.		8b	
9a Ordinary dividends. Attach Schedule 1 if required.		9a	
b Qualified dividends.		9b	
10 Capital gain distributions.		10	
11a IRA distributions.	11a	11b Taxable amount	11b
12a Pensions and annuities.	12a	12b Taxable amount	12b
13 Unemployment compensation and Alaska Permanent Fund dividends.		13	
14a Social security benefits.	14a	14b Taxable amount	14b
15 Add lines 7 through 14b (far right column). This is your total income.		15	53,427.
16 Educator expenses		16	
17 IRA deduction.		17	
18 Student loan interest deduction.		18	
19 Tuition and fees deduction. Attach Form 8917.		19	
20 Add lines 16 through 19. These are your total adjustments.		20	

Adjusted gross income**21 Subtract line 20 from line 15. This is your adjusted gross income.**▶ **21** **53,427.**

JTA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

FD007 11/12/07

Form 1040A (2007)

Form 1040A (2007) Rolando & Maria C Ramirez

618-12-3764 Page 2

Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income). 22 53,427.

23a Check ☐ You were born before Jan 2, 1943, ☐ Blind } Total boxes
if: ☐ Spouse was born before Jan 2, 1943, ☐ Blind } checked ☐ 23a ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ☐ 23b ☐

24 Enter your standard deduction (see left margin) 24 10,700.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 42,727.

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d.
If line 22 is over \$117,300, see the worksheet. 26 17,000.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.
This is your taxable income. 27 25,727.

28 Tax, including any alternative minimum tax 28 3,076.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Child tax credit. Attach Form 8901 if required. 32 2,000.

33 Retirement savings contributions credit. Attach Form 8880. 33

34 Add lines 29 through 33. These are your total credits. 34 2,000.

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35 1,076.

36 Advance earned income credit payments from Form(s) W-2, box 9. 36

37 Add lines 35 and 36. This is your total tax. 37 1,076.

38 Federal income tax withheld from Forms W-2 and 1099. 38 4,520.

39 2007 estimated tax payments and amount applied from 2006 return. 39

40a Earned income credit (EIC). 40a

b Nontaxable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812. 41

42 Add lines 38, 39, 40a, and 41. These are your total payments. 42 4,520.

43 If line 42 is more than line 37, subtract line 37 from line 42.
This is the amount you overpaid. 43 3,444.

44a Amount of line 43 you want refunded to you. If Form 8888 is attached, check here ☐ 44a 3,444.

b Routing number 122000661 c Type: ☒ Checking ☐ Savings

d Account number 0306312999

45 Amount of line 43 you want applied to your 2008 estimated tax. 45

46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see instructions. 46

47 Estimated tax penalty. 47

Do you want to allow another person to discuss this return with the IRS? ☐ Yes. Complete the following. ☒ No

Third party designee

Designee's name Phone no. Personal identification number (PIN)

Sign here

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Date 2/3/2008 Your occupation Labor Daytime phone number (323) 846-8259
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation House Wife

Paid preparer's use only

Preparer's signature Date 2/3/2008 Check if self-employed ☐ Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code Edward Anthony Zimecki 20672 Collegewood Dr Walnut, CA 91789 EIN 20-8382566 Phone no. (626) 369-9947

Schedule 1
(Form 1040A)

Department of the Treasury—Internal Revenue Service

Interest and Ordinary Dividends
for Form 1040A Filers**2007**

OMB No. 1545-0074

Name(s) shown on Form 1040A

Rolando & Maria C Ramirez

Your social security number

618-12-3764

Part I**Interest**(See the
instructions for
Form 1040A,
line 8a.)**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.

- 1**
- List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address.

	Amount
Washington Mutual	25.
Bank of America	1,597.
Bank of America	1,303.

- 2**
- Add the amounts on line 1

2,925.

- 3**
- Excludable interest on series EE and U.S. savings bonds issued after 1989. Attach Form 8815.

- 4**
- Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.

2,925.

Part II**Ordinary dividends**(See the
instructions for
Form 1040A,
line 9a.)**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the ordinary dividends shown on that form.

- 5**
- List name of payer

Amount

5

- 6**
- Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a.

6

For Paperwork Reduction Act Notice, see Form 1040A Instructions.

Schedule 1 (Form 1040A) 2007

JTA

FD120 11/09/07

065

Declaration Control Number (DCN)

00-959228-20007-8

DO NOT MAIL THIS FORM TO FTB

Date Accepted

TAXABLE YEAR

2007 California e-file Return Authorization for Individuals

FORM

8453

Your first name and initial ROLANDO		Last name RAMIREZ	Your SSN or ITIN 618-12-3764
If joint return, spouse's/RDP's first name and initial MARIA C		Last name RAMIREZ	Spouse's/RDP's SSN or ITIN 609-12-8549
Address (including number and street, PO Box, or PMB no.) 18623 RENAULT STREET		Apt. no./Ste. no.	Daytime telephone number (323) 846-8259
City, town or post office, state, and ZIP Code LA PUENTE		State CA	ZIP Code 91744

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 21; or Short Form 540NR, line 21)	1	53,427.
2 Refund or No Amount Due. (Form 540, line 66; Form 540 2EZ, line 28; Long Form 540NR, line 73; or Short Form 540NR, line 73)	2	876.
3 Amount you owe (Form 540, line 62; Form 540 2EZ, line 27; Long Form 540NR, line 69; or Short Form 540NR, line 69)	3	

Part II Settle Your Account Electronically for Taxable Year 2007 (Due 04/15/08)

4 <input checked="" type="checkbox"/> Direct Deposit of Refund	
5 <input type="checkbox"/> Electronic Funds Withdrawal	5a Amount
	5b Withdrawal Date (MM/DD/YYYY)

Part III Make Estimated Tax Payments for Taxable Year 2008 These are NOT installment payments for the current amount you owe.

6 Amount	First Payment Due 4/15/08	Second Payment Due 6/15/08	Third Payment Due 9/15/08	Fourth Payment Due 1/15/09
7 Withdrawal Date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below	12 The remaining amount of my refund for direct deposit:
9 Routing number 122000661	13 Routing number
10 Account number 0306312999	14 Account number
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Box 5, I authorize an electronic funds withdrawal for the amount listed on 5a and any estimated payment amounts listed on lines 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider, including my name, address and social security number (SSN), or individual taxpayer identification number (ITIN), the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2007 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, Transmitter, or Intermediate Service Provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or the Transmitter the reason(s) for the delay or the date when the refund was sent.

Sign Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

For Privacy Notice, get form FTB 1131.

It is unlawful to forge a spouse's/RDP's signature.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2007 e-file Handbook for Authorized e-file Providers and in FTB Pub. 1345A, 2007 e-file Handbook Supplement. I will keep form FTB 8453 on file for four years from the date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	Date 2/3/2008	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN/PTIN 0--
Firm's name (or yours if self-employed) and address Edward Anthony Zimecki 20672 Collegewood Dr Walnut CA				FEIN 20-8382566 ZIP Code 91789

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature

Firm's name (or yours if self-employed) and address

Date

2/3/2008

Check if self-employed ☐

Paid preparer's SSN/PTIN

4/25528

FEIN

ZIP Code

For Privacy Notice, get form FTB 1131.

CA420 11/16/07

FTB 8453 C2 (2007)

For Privacy Notice, get form FTB 1131.

**California Resident
Income Tax Return****2007**

CA100 11/06/07

540 C1 Side 1

APE

618-12-3764 RAMI ** 609-12-8549
 ROLANDO RAMIREZ
 MARIA C RAMIREZ

07

P
AC
A
R
RP

18623 RENAULT STREET
 LA PUENTE CA 91744

01	2	37	0	58	0	APE	0
06	0	38	0	59	0	FS	0
09	0	39	0	60	0	3800	0
10	3	40	0	61	0	3803	0
12	50502	41	0	62	0	SCHG1	0
14	0	42	0	63	0	5870A	0
16	0	43	0	64	0	5805 5805F	0
17	53427	45	876	66	876	TPID	0
18	7032	46	0	67	876	FN	208382566
20	1072	47	876	68	0		
23	0	48	0				
25	0	49	0				
26	0	50	0				
27	0	51	0				
28	0	52	0				
31	0	53	0				
32	0	54	0				
33	0	55	0				
34	2	56	0				
36	878	57	0				

122000661
 0306312999

1

Filing Status	1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2	<input checked="" type="checkbox"/> Married/RDP filing jointly	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died.
	3	<input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here		
If your California filing status is different from your federal filing status, check the box here				
Exemptions	6	If someone can claim you (or your spouse) as a dependent on their tax return, check the box here		
	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.		
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2		
	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2		
	10	Dependents: Enter name and relationship. Do not include yourself or your spouse.		
Taxable Income	See attached st			Total dependent exemptions
	11	Exemption amount: Add line 7 through line 10. Transfer this amount to line 21		
	12	State wages from your Form(s) W-2, box 16, or CA Sch W-2 CG, line C		
	13	Enter federal AGI from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4		
	14	California adjustments - subtractions. Enter the amount from Sch CA (540), line 37, column B		
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses		
	16	California adjustments - additions. Enter the amount from Sch CA (540), line 37, column C		
Tax	17	California adjusted gross income. Combine line 15 and line 16		
	18	Enter the larger of your CA standard deduction OR your CA itemized deductions		
	19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-		
	20	Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803		
	21	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$155,416		
	22	Subtract line 21 from line 20. If less than zero, enter -0-		
	23	Tax. Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A		
	24	Add line 22 and line 23. Continue to Side 2		

065

3101076

Your name: **ROLANDO & MARIA C RAMIREZ**Your SSN or ITIN: **618-12-3764**

Amount from Side 1, line 24

Special Credits	25	Credit	Code	amount	▶ 25		
	26	Credit	Code	amount	▶ 26		
	27	To claim more than two credits (see instructions)				• 27	
	28	Nonrefundable renter's credit				• 28	
	29	Add line 25 through line 28. These are your total credits				29	
Other Taxes	30	Subtract line 29 from line 24. If less than zero, enter 0				30	2
	31	Alternative minimum tax. Attach Schedule P (540)				• 31	
	32	Mental Health Services Tax				• 32	
	33	Other taxes and credit recapture				• 33	
Payments	34	Add line 30, line 31, line 32 and line 33. This is your total tax				• 34	2
	36	California income tax withheld				• 36	878
	37	2007 CA estimated tax and other payments				• 37	
	38	Real estate withholding. (Form(s) 592-B, 593-B, and 594)				• 38	
	39	Excess SDI				• 39	
	Child and Dependent Care Expenses Credit. Attach form FTB 3506.						
	• 40	• 41	• 42	• 43			
	44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments				44	878
	45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44				45	876
	46	Amount of line 45 applied to 2008 estimated tax				• 46	
Overpaid Tax Due	47	Overpaid tax available this year. Subtract line 46 from line 45				• 47	876
	48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34				48	
	49	Use Tax. This is not a total line				• 49	
Contributions	CA Seniors Special Fund	• 50		CA Firefighters' Memorial Fund	• 56		
	Alzheimer's Disease/Related Disorders Fund	• 51		Emergency Food Assistance Program Fund	• 57		
	CA Fund for Senior Citizens	• 52		CA Peace Officer Memorial Foundation Fund	• 58		
	Rare and Endangered Species Preservation Program	• 53		CA Military Family Relief Fund	• 59		
	State Children's Trust Fund for the Prevention of Child Abuse	• 54		CA Sea Otter Fund	• 60		
	CA Breast Cancer Research Fund	• 55					
	61 Add line 50 through line 60. These are your total contributions						• 61
	62 AMOUNT YOU OWE. Add line 48, line 49, and line 61. Mail to:						
	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94287-0009						• 62
	Interest and Penalties	63	Interest, late return penalties, and late payment penalties				63
64		Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached				• 64	
65		Total amount due. Enclose, but do not staple, any payment				65	
66		REFUND OR NO AMOUNT DUE. Subtract line 49 and line 61 from line 47. Mail to:					
Refund and Direct Deposit	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009						• 66
	Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.						
	Have you verified the routing and account numbers? Use whole dollars only.						
	All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below:						
	122000661	<input checked="" type="checkbox"/> Checking	0306312999	• 67	Direct deposit amount	876	
	• Routing number	• Type	• Account number				
	The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:						
	• Routing number	• Type	• Account number	• 68	Direct deposit amount		

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's/RDP's signature (if filing jointly, both must sign)

It is unlawful to forge a spouse's/RDP's signature.

Daytime phone number (optional) (323) 846-8259

Date

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/PTIN

Joint return? (See instructions)

Firm's name (or yours if self-employed)

Firm's address

20672 Collegewood Dr
Walnut, CA 91789

FEIN

20-8382566

Net Investment Income Worksheet (Form 3526)

2007

Keep for your records

Name

ROLANDO & MARIA C RAMIREZ

Social Security Number

618-12-3764

Investment Interest Expense - Form 3526, line 1

1. Investment interest expense from K-1s
2. a. Royalty investment interest expense claimed on federal return
- b. California royalty investment interest expense adjustment
- c. California royalty investment interest expense
3. a. Other investment interest expense claimed on federal return
- b. California other investment interest expense adjustment
- c. California other investment interest expense
4. Total interest expense on investment debts

Gross Income from Property Held for Investment

5. Interest income, except from Schedule K-1s 2,925.
6. Dividend income, except from Schedule K-1s
7. Net income from royalties, except from Schedule K-1s
8. Add interest expense adjustment from royalties
9. Add depreciation adjustment for royalties
10. Total income from royalties, except from Schedule K-1s
11. Investment income attributable to children's interest and dividends
12. Investment income from partnership and S corporation K-1s
13. Net passive investment income from publicly traded partnerships
14. a. Other investment income claimed on federal return
- b. California other investment income adjustments
- c. California other investment income
15. Gross income from property held for investment, Form 3526, line 4a 2,925.

Net Gain from the Disposition of Property Held for Investment

16. Total capital gain or loss before passive limitations
17. Less passive capital gain or loss
18. Plus passive gain or loss attributable to publicly traded partnership passive income
19. Less Section 1231 gain before passive limitations
20. Less gain on sale of residence
21. Other adjustments
22. Net gain from the disposition of property held for investment from
Form 3526, line 4b and line 4c

2007

Net Investment Income Worksheet (Form 3526) (cont.)

Keep for your records

Name

ROLANDO & MARIA C RAMIREZ

Social Security Number

618-12-3764

Investment Expenses

- 23.** a. Investment expense after the 2% (.02) limitation
 b. Add California investment expense adjustment from partnerships
 and S corporations
 c. Total investment expense
24. a. Other investment expenses claimed on federal return
 b. California other investment expense adjustment
 c. California other investment expense
25. Investment expenses, Form 3526, line 5

Allocation of Investment Interest Expense - Form 3526, line 8

- 26.** Enter smaller of line 3 or line 6 from Form 3526
27. Less investment interest expense deducted on other forms and schedules
28. California investment interest expense
29. Allowed federal Schedule A investment interest expense
30. Total adjustment for itemized deductions. Subtract line 29 from line 28. Enter here
 and on Schedule CA, line 38

Dependents Information Statement (Form 540)

2007

Name	ROLANDO & MARIA C RAMIREZ	Social Security Number	618-12-3764
------	---------------------------	------------------------	-------------

[illegible]

BANK OF AMERICA, N.A.
TAX REPORTING AZ1-200-18-07
PO BOX 29961
PHOENIX, AZ 85038-9985

Bank of America



BANK# 0319

00005870 A1 0009

*****AUTO**8-DIGIT 90011

ROLANDO GONZALEZ RAMIREZ
1326 E 23RD ST
LOS ANGELES, CA 90011-1702

COMBINED TAX STATEMENT FOR YEAR 2007

THIS STATEMENT REPORTS 1099-DIV (OMB No. 1545-0110), 1099-INT (OMB No. 1545-0112), 1099-OID (OMB No. 1545-0117), 1098 (OMB No. 1545-0901), 1099-MISC (OMB No. 1545-0115), 1099-B (OMB No. 1545-0715), 1099-Q (OMB No. 1545-1760), 1099-A (OMB No. 1545-0877), 1099-C (OMB No. 1545-1424), 1099-S (OMB No. 1545-0997), 1098-E (OMB No. 1545-1576), 1099-SA (OMB No. 1545-1517).
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

PAYERS E.I.N.
94-1687665

★ CUST SERV PH #
1-877-520-1099

TAXPAYERS IDENTIFICATION NUMBER

618-12-3764

"For Form 1099-B, DIV, INT, MISC, OID and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

ACCOUNT NUMBER	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * * 2007 FORM 1099-INT, INTEREST INCOME * * *				
03065-10889	TIME DEPOSIT	INTEREST INCOME	1	1596.96
ROLANDO GONZALEZ RAMIREZ				
03068-01477	TIME DEPOSIT	INTEREST INCOME	1	1302.54
ROLANDO GONZALEZ RAMIREZ				

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-551-4453

NOTE: OUR OLD THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN. SEE INSTRUCTIONS ON BACK.

ACCOUNT SUMMARY

TOTAL EARNINGS INT.
ORD. DIV AND OID'S

2899.50

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA**

UNITED STATES OF AMERICA, Plaintiff,)

CRIMINAL CASE NO. 08mj 616

Fortino Alvarado-Ortega (1))
Defendant.)

**ORDER AND CONDITIONS OF PRETRIAL
RELEASE: BAIL (18 U.S.C. § 3142(c))**

A hearing was held to determine pretrial conditions of release of the defendant pursuant to 18 U.S.C. § 3142. The Federal Judge determined an unconditional release pursuant to 18 U.S.C. § 3142(b) is not sufficient to assure the appearance of the defendant and the safety of the community. Thus, conditions of pretrial release are necessary pursuant to 18 U.S.C. § 3142(c). **Good cause appearing,**

IT IS ORDERED that the defendant shall be released subject to the condition that the defendant: **(a) not commit a federal, state or local crime during the period of release, (b) make all court appearances and (c) comply with the conditions itemized below, as indicated by (✓), in accordance with 18 U.S.C. § 3142(c)(2):**

STANDARD CONDITIONS:

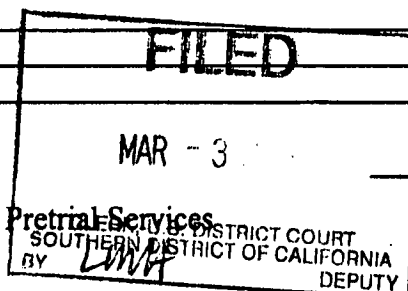
- ✓ 1. restrict travel to ☐ San Diego County, ☒ Southern District of California, ☒ Central District of California, ☐ State of California, ☐ United States, ☒ do not enter Mexico, ☒ other: Eastern District of CA;
- ✓ 2. report for supervision to Pretrial Services Agency (PSA) as directed by the assigned PSO and pay for the reasonable costs of supervision in an amount determined by PSA and approved by the Court;
- ✓ 3. not possess or use any narcotic drug or controlled substance, (defined in 21 U.S.C. § 802), without a lawful medical prescription;
- ✓ 4. not possess any firearm, dangerous weapon or destructive device during the pendency of the case;
- ✓ 5. read, or have explained, and acknowledge understanding of the Advice of Penalties and Sanctions Form;
- ✓ 6. provide a current residence address and phone number prior to release and keep it current while case pending.

ADDITIONAL CONDITIONS:

- ✓ 7. be able to legally remain in the United States during pendency of the proceedings;
- 8. submit to treatment, and/or testing, as specified by the PSO, for:
 - ☐ drugs or alcohol, and/or ☐ psychiatric or psychological counseling;
- 9. participate in a Global Positioning System (GPS) satellite monitoring program ☐ active ☐ passive, including, release of defendant to PSA custody; and ☐ residence restrictions and/or ☐ permissive travel for employment. Defendant and sureties are responsible for GPS equipment loss or damage.
 - ☒ submit to supervision and custody of _____; and/or
 - ☐ remain at a specified residence (curfew) between the hours of _____ P.M. and _____ A.M. daily;
- ✓ 10. actively seek and maintain full-time employment, schooling, or combination of both;
- ✓ 11. execute a personal appearance bond in the amount of \$ 30,000 secured by:
 - ☐ a trust deed to the United States on real estate approved by a Federal Judge;
 - ☒ the co-signatures of 2 financially responsible (related) adults;
 - ☐ Nebbia Hearing ☐ Exam of Sureties ☐ other: _____
- 12. provide the court with: ☐ a cash bond and/or ☐ execute a bail bond by an approved solvent corporate surety in the amount of \$ _____ that covers **ALL** conditions of release (not just appearances).
- 13. 18 U.S.C. § 3142(d) hold until _____; if no detainer is lodged by then, these conditions take effect.
- 14. clear all warrants/FTA's within _____ days of release.
- 15. all conditions previously set will remain the same.
- ✓ 16. other conditions: clear suspended license or no driving

DATED: 3-3-08

cc: Defendant/Counsel & U.S. Pretrial Services



[Signature]
Federal Judge